

**AGENDA**  
**World Trade Center Health Program**  
**Scientific/Technical Advisory Committee – June 4, 2015**

Jacob K. Javits Federal Building  
26 Federal Plaza New York, NY

<b>Full Committee Meeting</b> Rooms A/B Note: All times are Eastern Daylight Savings Time		
10:00 am — 10:10 am	<b>Welcome and Introduction</b>	Elizabeth Ward, PhD – Chair Paul J. Middendorf, PhD – DFO
10:10 am — 10:15 am	<b>Charge to the Committee – ‘Questions for Deliberation’</b>	John Howard, MD – WTC Health Program Administrator
10:15 am — 10:45 am	<b>The WTC Health Program – Structure and Functions; Research to Care Model</b>	Dori Reissman, MD – WTC Health Program Associate Administrator
10:45am — 11:05am	<b>The WTC Health Program – Activities, Member Services and Communication</b>	Jessica Bilics and Laurie Breyer
11:05 am – 11:35 am	<b>Overview of WTC Health Research</b>	Allen Robison, PhD and Travis Kubale, PhD
11:35 am – 12:00pm	<b>WTC Health Registry: An Update</b>	Mark Farfel, ScD WTC Health Registry
12:00 pm – 1:00 pm	<b>Lunch</b>	
1:00 pm – 1:30 pm	<b>Mental Health Lessons Learned</b>	Nomi Levy-Carrick, MD NYU School of Medicine
1:30 pm – 2:00 pm	<b>Public Comments</b>	Paul J. Middendorf, PhD – DFO
2:00 pm – 3:00 pm	<b>Discussion of ‘Questions for Deliberation’</b>	Elizabeth Ward, PhD – Chair
3:00 pm – 3:15 pm	<b>Break</b>	
3:15 pm – 4:30 pm	<b>Discussion of ‘Questions for Deliberation’</b>	Elizabeth Ward, PhD – Chair
4:30 pm – 4:45 pm	<b>Administrative Issues and Adjourn</b>	Elizabeth Ward, PhD – Chair Paul J. Middendorf, PhD – DFO

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**Questions for Deliberation**

1. Children exposed to 9/11 are aging. If research is not conducted on this cohort while they are children, to what extent will the opportunity to discover relationships between the 9/11 exposure(s) and developmental milestones or other health effects be lost? What are the most important developmental and health outcomes to target in such a cohort?
2. World Trade Center researchers consistently indicate the need for “external” referent groups for comparison of health outcomes with WTC exposed populations. How could the WTCHP identify and develop robust and appropriate comparison groups to improve the validity and interpretability of WTC research, and potentially provide for future post-disaster research?
3. The benefits counseling and psychosocial support experiences of members vary among those who are served by Clinical Centers of Excellence and those who are served by the National Provider Network (NPN); much of the support from the NPNs is provided virtually. What could the WTCHP do to provide similarly effective benefits counseling and psychosocial support for members of the NPN?
4. The “Research-to-Care” model relies on strong linkages between health surveillance, research, and clinical care to produce the outcomes of the logic model. Are there any missing linkages or other ways that the model might be improved?